

Joint Appraisal Report

Country	TIMOR-LESTE
Reporting period	July 2014 to July 2015
cMYP period	2010 - 2015
Fiscal period	January – December 2014
Graduation date	December 2017

1. EXECUTIVE SUMMARY

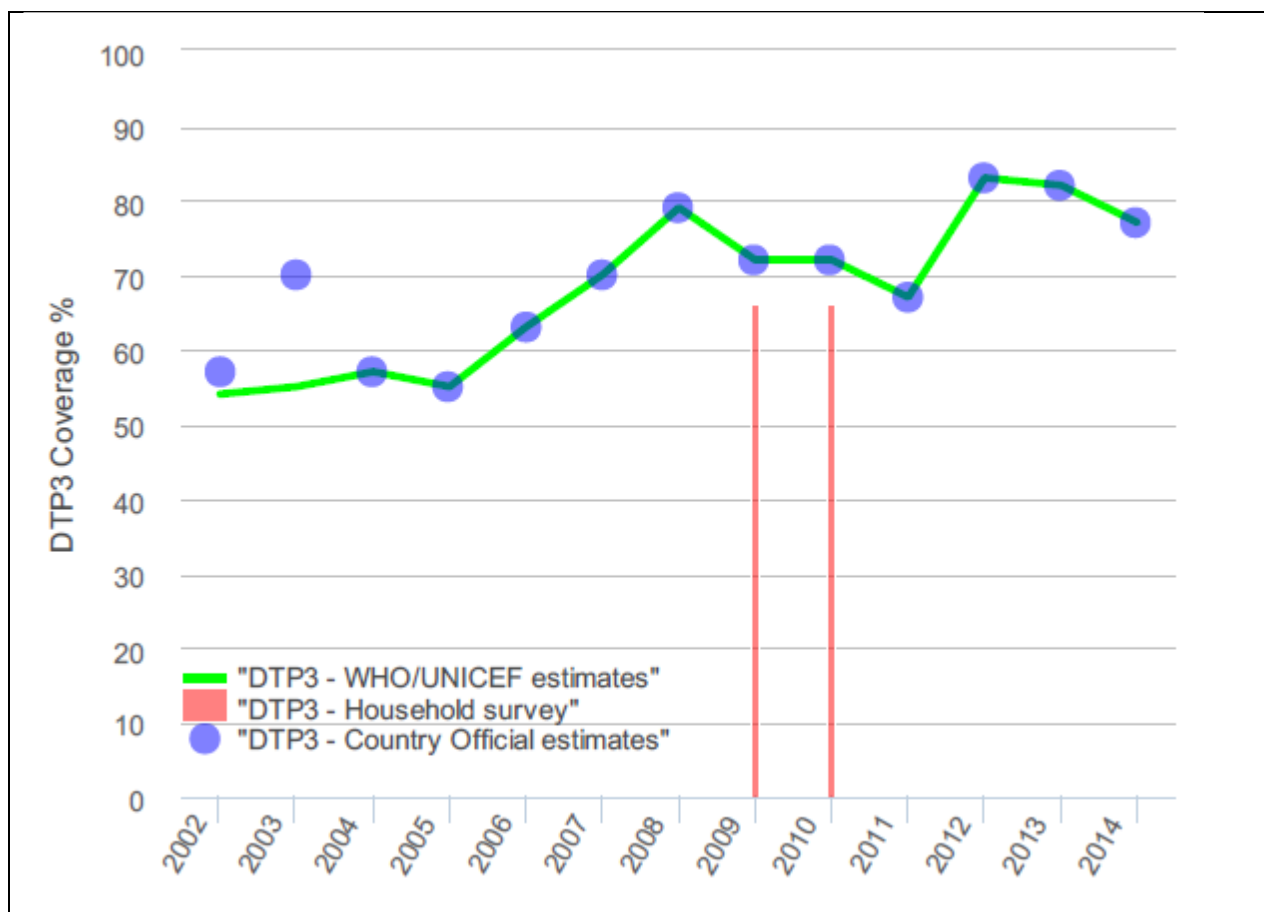
1.1. Gavi grant portfolio overview

Gavi NVS grant made possible the introduction of Pentavalent vaccine into the national immunization schedule several years before it was due to be introduced. Since the government had been funding all its traditional vaccines including hepatitis B vaccine and injection safety supplies prior to the introduction of Pentavalent vaccine, the incremental contribution of Gavi NVS within the overall immunization and health budget is minimal. Co-financing is paid up on time and vaccine funding is expected to be sustainable after the country transitions from Gavi support in December 2017

Commencing from 1st November 2015, Timor Leste is planning to introduce five new vaccines into the national immunization schedule. Timor Leste is for the first time targeting children beyond infancy with this revision of the immunization schedule. The new antigens are Hepatitis B Birth dose, IPV at 14 weeks, MR vaccine at nine months and 18 months, DPT vaccine at 18 months and DT vaccine at 6 years or at school entry.

Challenges mentioned in Sections 1.2 and 2.1 below led to the non-implementation of many of the HSS and other activities designed to improve the immunization coverage and geographical equity in 2014 and 2015. As a result, there has been stagnation of immunization coverage at pre-grant level. WUENIC DTP3 coverage estimates for 2011, 2012, 2013 and 2014 are 67%, 83%, 82% and 77%. Dropout rate was 4% in 2014, and only 46 percent of districts achieved > 80% DTP3 coverage.

Note that there is no fully functional civil registration system to capture all births taking place. Unassisted home deliveries are not reported. There has been no nationally representative household survey within the last 5 years - WHO and UNICEF recommend a high-quality survey to confirm reported levels of coverage. Results of the 2015 National Census are awaited.



1.2. Summary of grant performance, challenges and key recommendations

Grant performance (programmatic and financial management of NVS and HSS grants)
<p>Achievements</p> <ul style="list-style-type: none"> • Success full introduction and integration of Pentavalent vaccine into the national immunization programme and ready to fully finance by the government on Gavi graduation by December 2017. • All preparations are in place to introduce IPV vaccine into the national immunization schedule in November 2015. • Seventy five percent Gavi HSS grant implementation in 2014. • Establishment of a NITAG with WHO support in Nov 2015 • Performance bonus for MCV1 coverage increase from 70 to 74% (MCV1 coverage up by 4 percentage points between 2013 and 2014, and no difference between country administrative data and WUENIC estimates). <p>Challenges</p> <ul style="list-style-type: none"> • Heavy workload in 2015 due to Joint national/international EPI review, MR/OPV campaign and introduction of five new vaccines in to the routine immunization schedule in 2015 hindered the implementation of 2015 planned GAVI HSS activities. • Inadequate human resource and technical capacity at national level EPI management and municipality level
Key recommended actions to achieve sustained coverage and equity
<ul style="list-style-type: none"> • Implementation of planned Gavi HSS activities in 2016 including carry over activities of 2014 and 2015 • Full implementation of recommendations of Joint National and International EPI and VPD Review 2015 • Strengthen human resource capacity at the national EPI programme management by recruiting minimum of two new professional staff and appoint dedicated EPI focal points to Municipalities

1.3. Requests to Gavi's High Level Review Panel

Grant Renewals
<p>New and underused vaccine support</p> <ul style="list-style-type: none"> • Renew Pentavalent for 2016 in existing 10 dose vial preparation • Timor Leste received new and underused vaccine support for Pentavalent vaccine since 2012. • As a graduating country Timor Leste has made co-financing payments without default. • Expected to request current Pentavalent co-financing be extended until 2017 under the same co-financing conditions before final graduation • Expect to access the one-off catalytic support window for HPV • Timor Leste also interested in introduction of Rotavirus vaccine and Pneumococcal vaccine and will request Gavi support or access to Gavi price. <p>Health systems strengthening support</p> <ul style="list-style-type: none"> • Disburse the third tranche of HSS 2014-18 funds: US\$ 566,385 for 2016. • Timor Leste received US \$ 534,164 as 1st year Gavi HSS grant. Expenditure is US \$ 402,239. Balance from 2014 is US \$ 131,925. • Amount received for 2nd year was US \$ 334,344. With balance carried forward amount available for 2nd year (2015) is US \$ 466,259. • However due to reasons given in Section 2 and Section 3 many of the planned activities were not able to be carried out in 2015. These activities will be carried out in 2016.

1.4. Brief description of joint appraisal process

The initial draft was prepared by the WHO and UNICEF Immunization NPOs with the advice of national EPI programme manager. This was further improved by the Medical officer, EPI, WHO Country Office and Head, Health and Nutrition, UNICEF Country Office and commented on by the Gavi Secretariat. Further improved draft was shared with the Head, MCH, MoH and National Director, Public Health. MOH. Following obtaining their comments, final draft was approved by the EPI Working Group prior to the formal submission for Gavi Secretariat.

2. COUNTRY CONTEXT

2.1. Comment on the key contextual factors that directly affect the performance of Gavi grants.

Background

The Government of Timor-Leste is strongly committed to improve the health of all its citizens for which the Ministry of Health has developed a vision document "National Health Sector Strategic Plan 2011-2030 (NHSSP)" providing a framework on health policy and activities to be undertaken by key stakeholders in the health sector for the next twenty years"

The Director of Public Health supported by the Director of Community Health Services provides overall direction for all the health services under the leadership of Honorable Minister of Health. At the National level, the EPI program is headed by an EPI Manager who is part of the Department of Maternal and Child Health (MCH).

The country's Public health care network comprises of 1 National Hospital, 5 Regional Hospitals, 13 Municipalities Health Service (MHS) offices, 68 Community Health Centers, 227 Health Posts and over 400 SISCa posts. The services provided in all these government health facilities including immunization services are free of cost.

Access Difficulties to Remote Populations

The current health system reach only up to the Suco (district) level and it reach only 70 % to 80 % of the population in different districts. Due to poor access (lack of roads, mountainous terrine, frequent flash floods during rainy season (6 months of the year) 20 % to 30 % of the population in hard to reach Aldeias (villages) have no accesses to basic PHC services including immunization. This is the main reason for stagnation of immunization coverage at 70 % to 80 % in many of the Municipalities. .

Other Bottlenecks

Lack of adequate health workers (nurses and midwives), transport facilities at CHCs and HPs and non-availability and late receipt of operational cost at CHC and HP are other main bottle necks of improving the access and coverage.

Returning Cuban-Trained Doctors Positive Impact

The induction of over 700 newly graduated Cuban train doctors to the PHC system is tremendous strength to the system to improve the human resource capacity during the last two years and with integration of them into the system; it is expected to improve the access to the currently unreached areas.

Recently initiated family visit programme by a health team including a doctor is expected to visit every family in a community to assess the health status of the family member and then provide the required health service at household level including immunization services.

The recent Joint immunization and surveillance review recommended to build the capacity of the new graduated doctors on immunization. In line with that, UNICEF supported Ministry of Health in updating the immunization training materials for mid-level managers on immunization and also training materials on immunization in practice. Fifty immunization service providers from 4 municipalities recently were equipped with the immunization skills to provide immunization service delivery.

Reasons for Recent MR/OPV Campaign Success

The recent wide age range MR/OPV campaign was a success with reported coverage of 97 % and evaluated coverage 94 % with 95 % CI goes up to 98 % level. The key reasons for the success for the campaign are;

- (1) Highest level political commitment, including Hon. Prime Minister, Ministry of Education and Ministry of State Administration. Hon. Prime Minister being a medical doctor inaugurated the campaign by administering 1st campaign MR vaccination to school girl. Active participation of all INGOs in the campaign planning and implementation. Three telecom service providers supported the campaign by sending campaign messages by SMS free of charge.
- (2) Strengthening and expansion of cold chain and capacity, having micro plan at the health facility and increasing awareness at all level on the importance of immunization.
- (3) Current integrated PHC services including routine immunizations services are delivered (service points) at SUCO (sub-district) level (62 CHCs, HPs and SISCa) numbering 442.
- (4) MR campaign provided immunization services at Aldeia level and school level (campaign immunization posts) numbering 3625 (2225 Aldeia + 1400 Schools). This 8 fold increase in access to campaign immunization posts has led to the success of the campaign. However budgetary constraints limit the increase in access to routine immunization in short term.

- (5) The SIA however helped to develop micro-plan and identify the target population (updated denominator) at each CHCs including the hard-to-reach population also applicable for routine immunization.
- (6) Strengthening of routine immunization through strengthening of cold chain capacity, having micro plan at the health facility and increasing awareness at all level on the importance of immunization.
- (7) Establishment of web based real time campaign coverage data reporting and management system. With Web based on real-time coverage data, programme managers at all levels took early action to rectify the issues identified. If a system of this nature was not in place, high/low coverage status would have known couple of weeks after the conclusion of the campaign.

MR Campaign Inputs will Strengthen Routine immunization

The inputs for the campaign also will help to strengthen the routine immunization in the coming years as described below.

- (1) SIA advocacy and media involvement increase the awareness of general public and parents towards immunization services.
- (2) Involvement of education sector and state administration sector create more awareness on the impotence of school immunization and childhood immunization as such.
- (3) Cold chain strengthening: MR campaign has contributed in increasing the routine immunization storage capacity and points especially when the country is anticipating introducing new vaccines in November 2015.
- (4) Training and involvement of total health staff in the campaign has improve their knowledge on value of immunization in health of the nation and its contribution to national economy and development, may contribute to change their perception and attitude of immunization and may contribute to increase coverage and quality of the immunization programme.
- (5) WHO deployed six international consultants to support the planning, implementation and monitoring at district level. WHO Medical Officer EPI coordinated and monitored their actives and which led to improve the quality of micro planning, health worker training with special emphasis on maintenance of cold chain, injection safety practices, and prevention and management of adverse events following immunization. Consultants services were used for another one month following the campaign to plan for strengthen routine immunization and new vaccine introduction.

Future EPI Plans

Commencing from 1st November 2015, Timor Leste is planning to introduce five new vaccines to the national immunization schedule. Timor Leste is for the first time targeting children beyond infancy with new revision of immunization schedule. The new antigens are Hepatitis B Birth dose, IPV at 14 weeks, MR vaccine at nine months and 18 months, DPT vaccine at 18 months and DT vaccine at 6 years or at school entry.

Preparations are currently under way to develop comprehensive new vaccine introduction guidelines with the help of WHO consultant and it will cover history of immunization, basic vaccinology, value of immunization, concepts of polio end game, measles elimination, rubella control, cold chain, and immunization safety in addition to the procedures with new vaccine introduction.

UNICEF is assisting Ministry of Health to develop communication plan and series of IEC materials on new vaccine introduction and strengthening of routine immunization.

Training package to be in place with new vaccine introductions will include all above topics and sessions on concepts of interpersonal communication on immunization.

With the participation of international team of experts, comprehensive joint EPI and VPD surveillance review was conducted in March 2015. It is proposed to commence the implementation of its recommendations commencing from the beginning of 2016.

In relation to the Effective Vaccine Management (EVM) improvement plan status, Ministry of Health had developed the cold chain standard list, standard operating procedures for EVM at all levels, equipped the health facilities especial health post in the village level.

Vaccine wastage in Timor-Leste still be high because most immunization is conducted at outreach level. The Ministry of Health is planning to apply the multi dose vial policy in outreach sessions, which may contribute to the reduction of wastage rate in coming years.

EPI Financing Sustainability

Government of Timor Leste is fully committed to finance its immunization programme. Except for minor proportion of Gavi NVS support for Pentavalent vaccine procurement and Gavi HSS grant and technical assistance support provided by WHO and UNICEF, Government of Timor Leste fully finances procurement of all vaccines including five new vaccines to be introduced in 2015 and all required injection supplies. Timor Leste was able to pay Pentavalent vaccine co-financing payments without default.

Hoverer, to introduce costly other underutilized vaccines such as HPV, Rotavirus and Pneumococcal vaccines, Timor Leste solicit continuous Gavi support and WHO and UNICEF technical assistance.

HSS Implementation Delayed by Heavy EPI Workload in 2015

Due to **heavy work load in 2015**, preparation and conduct of EPI review, preparation and conduct of MR/OPV campaign, preparation and implementations of IPV and other new vaccine introduction many of the planned activities under Gavi HSS project for 2015, could not be able to accomplish. As reported through Gavi APR 2014, many activities planned for 2015 have been reprogrammed to 2016.

3. GRANT PERFORMANCE, CHALLENGES AND RENEWAL REQUESTS

3.1. New and underused vaccine support

3.1.1. Grant performance and challenges

Pentavalent

Gavi assisted Ministry of Health to introduce the Pentavalent vaccine and provided New Vaccine Introduction Grant with the amount of USD 100,000.00 in 2012. The vaccine was procured through co-financing mechanism and its procurement mechanism is conducted using UNICEF procurement service. The new vaccine introduction grant is almost fully utilized. There is a balance of just over US \$ 5000/= carried over and planned to use for New vaccine introduction activities before the end of 2015. Pentavalent PIE will be conducted in 2016

IPV is already in country and the new vaccine grant US \$ 100,000 has been received.

3.1.2. NVS renewal request / Future plans and priorities

Renew Pentavalent for 2016 in existing 10 dose vial preparation

The Ministry of Health plans and priorities for the improving the immunization programme management are as follows:

1. Conduct the procurement service for the new vaccines (IPV, MR, Pentavalent, HepB, DPT and DT) and other routine immunization vaccine supplies
2. Increase the demand of the community through improving communication for immunization service
3. Train health workers on the immunization programme management and service delivery and also inter personal communication
4. Strengthening supportive supervision mechanism
5. Improve the CHC planning to reach especially children in the hard to reach areas
6. Conduct Effective Vaccine Management Assessment
7. Conduct post introduction evaluation for the new vaccines
8. Develop comprehensive country multiyear plan for immunization programme

3.2. Health systems strengthening (HSS) support

3.2.1. Grant performance and challenges

Most of the planned activities under Gavi HSS are to strengthen routine immunization and operational cost support to reach heard to reach areas.

The planned activities that implemented in 2014 were:

1. Community need assessment
2. Procurement of motorcycle and cold chain
3. CHC micro planning
4. Supportive supervision
5. Recruitment of 2 national position for UN staff
6. Mid-level manager training in two districts

Besides the implemented activities, some planned activities could not be implemented because of workload on EPI, as mentioned above. The Ministry of Health had many large activities to conduct in 2015 such MR/OPV campaign, comprehensive primary health care package activities, EVM assessment, IPV introduction, WHO Regional Committee Meeting RCM September 2105.

Other challenges that affected implementation were:

1. Late transfer of HSS funds first tranche (March, 2014)
2. Non availability of EPI Programme Manager at the MOH for over 6 months
3. Change of government and change of administrative structure in the MOH and time taken to adjust to new structure
4. Inadequate staff and capacity at the MOH to carryout expected activities (Only one officer work for full time for EPI at the MOH)
5. Non availability of bank accounts for each districts to speedy transfer of funds. National level official has to carry funds for each activity.
6. Inadequate staff and capacity at district level.
7. Many districts do not have dedicated EPI focal point

In 2016, MOH, WHO and UNICEF EPI teams will be able to fully concentrate on strengthening routine immunization and implementations of Gavi HSS project related activities in the absence of campaigns, new vaccine introductions and any special activities.

3.2.2. Strategic focus of HSS grant

There are HSS service delivery area which we considered as the focus for improving and sustaining immunization coverage:

1. Improving micro planning of the community health center
2. Creating demand through regular advocacy meeting in Villages level
3. Capacity building for mid-level managers
4. Strengthening supportive supervision
5. Improving data quality

3.2.3. Request for a new tranche, no-cost extension, re-allocation or reprogramming of HSS funding / Future HSS application plans

Disbursement of the third tranche of HSS 2014-18 funds: US\$ 566,385 for 2016.

3.3. Graduation plan implementation

Graduation assessment is planned to take place in 1st or 2nd Quarter 2016.

3.4. Financial management of all cash grants

The HSS grant managed by Ministry of Health Finance Directorate at National level. The disbursement of the grant is released based on the proposal from the programme and district health service as per planned. The Ministry of Health has recruited one dedicated person to monitor the implementation of HSS grant.

3.5. Recommended actions

Actions	Responsibility (government, WHO, UNICEF, civil society organizations, other partners, Gavi Secretariat)	Timeline	Potential financial resources needed and source(s) of funding
Implementation of planned Gavi HSS activities in 2016 including carry over activities of 2014 and 2015	Government with technical assistance from WHO and UNICEF	2016	GAVI HSS Funds
Full implementation of recommendations of Joint National and International EPI and VPD Review 2015	Government with technical assistance from WHO and UNICEF	2016	Government, WHO and UNICEF Gavi HSS and graduation grant
Strengthen human resource capacity at the national EPI programme management by recruiting minimum of two new professional staff	Government	2016	Government

4. TECHNICAL ASSISTANCE

4.1 Current areas of activities and agency responsibilities

The Government of Timor Leste is strongly committed to improve the health of all its citizens for which the Ministry of Health has developed a vision document "National Health Sector Strategic Plan 2011-2030 (NHSSP)" providing a framework on health policy and activities to be undertaken by key stakeholders in the health sector for the next twenty years. Following are the key objectives to be achieved by Ministry of Health:

1. To achieve and sustain a coverage rate of over 90% for eight antigens (BCG, DTP, HepB, Hib, measles, and IPV/OPV) for children under the age of one year and TT2+ for all pregnant women at the national level and at least 80% in all districts..
2. To reduce estimated measles mortality by 90% compared to 2000.
3. To incorporate recommended booster doses to the immunization schedule
4. DPT/Pentavalent booster dose in the 2nd years of life
5. DT booster at school entry or 6 years of age
6. 2nd opportunity for measles with Rubella vaccine in the 2nd year of life
7. To improve program coverage and service quality through regular monitoring and supervision as well as periodic evaluations.
8. To strengthen the AEFI (Adverse Events Following Immunization) surveillance system, including appropriate responses to severe AEFI and causality assessment capabilities.
9. To improve capacity for prompt responses to disease outbreaks by strengthening the vaccine preventable disease surveillance system, including laboratory facilities.
10. To increase public demand for immunization services by intensifying promotional activities and community participation

Ministry of Health Timor Leste has a close partnership with UNICEF and WHO to achieve the set objectives. Below are the role of WHO and UNICEF Country Office in supporting Ministry of Health to implementation the immunization programme:

WHO

WHO, Timor Leste supporting Ministry of Health especially for immunization programme with technical assistance with fulltime medical officer EPI and VPD Surveillance National Professional officer EPI (recruited with Gavi funding support) in following areas;

1. Provide regular technical guidance to strengthen routine immunization and VPD surveillance, programme management and new vaccine introduction.
2. By assisting MOH to conduct Joint National and International Comprehensive EPI/VPD Surveillance Review and support for implementation of recommendations
3. Technical and financial support to conduct wide age range MR/OPV campaign (This activity was supported with deployment of 6 district level international consultants for 4 months period).
4. Assist Ministry of Health to establish National Immunization Technical Advisory Group
5. Assist MOH to develop new CMYP for years covering 2016 - 2020
6. Assist MOH to conduct EVM assessment in 2015
7. Supporting Ministry of Health to do regular programme review by providing secretarial support to conduct regular EPI working group meetings
8. Supporting capacity building by guideline development, training material development and involve in training of immunization programme
9. Supporting in supportive supervision mechanism
10. Assisting Ministry of health in planning and budgeting

11. Assist Ministry of health to conduct post introduction evaluation for new vaccines
12. Supported 2 MOH officials to participate in 2014 and 2015 ITAG meetings. One MOH officer to participate in 2015 SAGE is meeting as observer and supporting another three officials including NCCPE chair to participate in 2015 RCCPE meeting.

Accordingly Ministry of Health strongly request continued WHO technical assistance in P4 level to continue the activities commenced in 2015 to achieve above objectives until MOH gained the necessary technical competence.

UNICEF

UNICEF Timor-Leste provided the following Technical Assistance and other support to the Ministry of Health:

1. Effective Vaccine Management: Assisted vaccine and cold chain supplies forecasting, procurement and distribution, implementation of EVM improvement plan implementation including equipping 209 health facilities among which were 160 health posts with cold chain equipment (174 with GAVI HSS funding and 35 from UNICEF's funds), developing standard list of cold chain equipment and standard operating procedures for vaccine management, procuring, distribution and equipping cold chain temperature monitoring devices at all levels.
2. Reaching the unreached: Assisted micro planning for reaching the unreached community and children in 10 districts between 2015-2015.
3. Creating Demand for Immunization: Supported development and implement the social mobilization for the Measles Rubella / OPV campaign. Support for communication, including nation-wide capacity building for interpersonal communication and community mobilization for measles, rubella, IPV and DT booster introduction is ongoing.
4. Building Capacity for Immunization: Updated the mid-level managers training modules and immunization in practice training modules; develop of national immunization guidelines and job aids to support the health workers and immunization programme management. A total of trained 37 mid-level immunization managers and 50 health workers of four municipalities were trained. Training of additional 25 on immunization in practice and another 25 cold chain managers on vaccine management SOP is on-going.
5. Immunization and Health system strengthening: Assisted Ministry of Health to integrate the routine immunization functions, supplies and equipment into the new Comprehensive Primary Health Care Guideline and Package. In addition, UNICEF also assisted Joint MCH and EPI micro-planning supported the implementation of GAVI Health Sector Strengthening project and EPI Progress Reviews.

4.2 Future needs

Expected to request current Pentavalent co-financing be extended until December 2017 under the same co-financing conditions before final graduation

Expect to access the one-off catalytic support window for HPV

Timor Leste also interested in introduction of Rotavirus vaccine and Pneumococcal vaccine and request Gavi support or access to Gavi price.

WHO:

WHO will provide Technical Assistance through P4 Immunization Specialist and NOA. The TA will assist MOH to:

1. By providing regular technical guidance to strengthen routine immunization and VPD surveillance, programme management and new vaccine introduction.

2. By assisting MOH to implement recommendations of Joint National and International Comprehensive EPI/VPD Surveillance Review
3. Assist MOH to conduct GAVI graduation assessment in 2016
4. Assist Ministry of Health to establish National Immunization Technical Advisory Group and facilitate its regular work
5. Assist MOH to develop new CMYP for years covering 2016 - 2020 and assist to incorporate CMYP recommendations to MOH and national budgets
6. Assist MOH to conduct EVM assessment in 2015 and support implementation of EVM recommendations in 2016
7. Support Ministry of Health to do regular programme review by providing secretarial support to conduct regular EPI working group meetings
8. Support capacity building by guideline development, training material development and involve in training of immunization programme
9. Supporting in supportive supervision mechanism
10. Assisting Ministry of health in planning and budgeting
11. Assist MOH in new vaccine introduction
12. Assist Ministry of health to conduct post introduction evaluation for new vaccines

UNICEF

UNICEF will provide Technical assistance through a P-3 Health Specialist and NOA Health Officer. The TA will assist MoH to:

1. Update and implement Effective Vaccine Management Plan including vaccine and cold chain supplies forecasting, procurement and distribution, implementation of vaccine management Standard operating procedures
2. Develop and implement micro-plan for reaching the reaching the unreached
3. Creating Demand and uptake of new vaccine and routine immunization
4. Building capacity for Immunization service providers and mid-level managers; and
5. Strengthen Health system through effective integration of immunization functions within the Primary Health Care services delivery and management arrangement.

UNICEF's Funding needs is 260,000/year for P3 Health Specialist post

5. ENDORSEMENT BY ICC, HSCC OR EQUIVALENT & ADDITIONAL COMMENTS

Initial draft was prepared by the WHO and UNICEF Immunization NPOs with the advice of national EPI programme manager. The initial draft prepared by the national professional officers was further improved by the Medical officer, EPI, WHO Country Office and Head, Health and Nutrition, UNICEF Country Office. Further improved draft was shared with the Head, MCH, MoH and National Director, Public Health. MOH. Following obtaining their comments, final draft was approved by the EPI Working Group prior to the submission for GAVI secretariat.
Issues raised during debrief of joint appraisal findings to national coordination mechanism:
Joint appraisal report and findings were developed through continues consultative process with three key stakeholders (MoH, UNICEF and WHO). Therefore there were no additional comments or specific comments during the final stage.
Any additional comments from:
<ul style="list-style-type: none"> • Ministry of Health: None • Partners: • Gavi Senior Country Manager: None

6. ANNEXES

- **Annex A. Key data** (this will be provided by the Gavi Secretariat)
- **Annex B. Status of implementation of the key actions from the last joint appraisal and any additional High Level Review Panel (HLRP) recommendations**

Key actions from the last appraisal or additional HLRP recommendations	Current status of implementation
Graduation: Followup with country and partners the timing of graduation assessment mission. CRO/FS Team	Graduation mission scheduled for Q1/Q2 2016.

- **Annex C. Description of joint appraisal process.** Please refer to Section 1.4
- **Annex D. HSS grant overview**

General information on the HSS grant							
1.1 HSS grant approval date	20/02/2013						
1.2 Date of reprogramming approved by IRC, if any	Not applicable						
1.3 Total grant amount (US\$)	US \$ 2,998,647/=						
1.4 Grant duration	2014 - 2018						
1.5 Implementation year	month/year – month/year 2014 : April 2014 - December 2014 2015 : January 2014 – December 2015						
(US\$ in million)	2008	2009	2010	2011	2012	2013	2014
1.6 Grant approved as per Decision Letter							534,164

1.7 Disbursement of tranches							534,261
1.8 Annual expenditure							402,239
1.9 Delays in implementation (yes/no), with reasons	Late receipt of HSS grant funds in Timor Leste						
1.10 Previous HSS grants (duration and amount approved)	Not applicable						
1.11 List HSS grant objectives	<p>The overall goal: to reduce Under 5 mortality through improved access to, and utilization of, immunization and related maternal and child health services in hard to reach or unreached areas. The expected outcomes of the proposal are sustainable improvements in immunization and related MCH services for currently underserved or unreached populations.</p> <p>The expected outcomes :</p> <ul style="list-style-type: none"> • The National DPT3 coverage is proposed to increase increased from 66% to 95% by 2018. • The number of Districts that have DPT3 coverage less than 80% coverage will decrease from a baseline of 10 in 2010 to 0 by 2015 • The percentage of women receiving at least 4 ANC visits is proposed to increase from 55% in 2010 to 80% in 2015. <p>Specific Objectives :</p> <p>Objective 1: To improve immunization (increase DPT3 to 95% by 2018) and related MCH coverage and equity through development and implementation of District Management Systems.</p> <p>Objective 2 : To improve immunization (increase DPT3 to 95% by 2018) and related MCH coverage and equity through development and implementation of CHC Micro-Plans</p> <p>Objective 3: To improve immunization and related MCH coverage and equity through increasing demand for services and utilization of services, through review and implementation of a community participation policy and strategies</p>						
1.12 Amount and scope of reprogramming	Not applicable for the present except carry forward balance funds from 2014 and 2015 to 2016.						